

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		①		①			54						
5		②		②			55						
6		③		③			56						
7		④		④			57						
8		⑤		⑤			58						
9		⑥		⑥			59						
10		⑦		⑦			60						
11		⑧		⑧			61						
12		⑨		⑨			62						
13		⑩		⑩			63						
14		⑪		⑪			64						
15		⑫		⑫			65						
16		⑬		⑬			66						
17	/		/				67						
18		/		/			68						
19		⑭		⑭			69						
20		⑮		⑮			70						
21	/		/				71						
22		⑯		⑯			72						
23		⑰		⑰			73						
24							74						
25							75						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	20		19				TOTAL DEP.						
TOTAL CLAIMS	23		22				TOTAL CLAIMS						